improving on tradition: building for the future

SASKATCHEWAN CANCER AGENCY

Annual Report 2011-12

Front Cover: Sylvia Fedoruk with Ed Epp and the cobalt-60 unit.
Photo provided by University Archives, H.E. Johns, MG372

Table of Contents

Letter of Transmittal 1

Message from the Board Chair and CEO 2

Board of Directors 3

About Us 5

Poised for Transformation 6

Strategic Directions

Better Health 8:

Sustainability through Primary Prevention and Early Detection

Better Care 12e

Improve the Client, Patient and Famly Experience

Better Value 17

Quality, Safety and Accountability

Better Teams 18

Quality, Safety and Accountability

Research 20

Better Health, Better Care, Better Value and Better Teams

Financial Summary 22

Contact Information 46

Copies of the report are available at www.saskcancer.ca.

research
treatment
prevention
early detection

Saskatchewan Cancer Agency
A healthy population free from cancer

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The Honourable Dustin Duncan
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Duncan:

I have the honour of submitting the annual report of the Saskatchewan Cancer Agency for the fiscal year ending March 31, 2012.

In 2011-12, our employees, physicians and volunteers continued to demonstrate passion for delivering cancer prevention, early detection, research and care. Our commitment to quality and service means our patients receive the excellent medical care they deserve, leading to better treatment, outcomes and quality of life.

During the course of the year, the Agency continued to find ways to build strong relationships with our partners to deliver care. Clients, patients and families are key partners in their care and are at the very heart of our work. To ensure we are truly focused on meeting the needs of patients and families, we established a Patient and Family Advisory Council. This group of diverse individuals helps us to blend the voices of patients and families with the physicians and staff to provide quality, value added care and services.

We continued to make strides in improving access to care, programs and services. While our goal is to improve access, we also want to improve the overall experience of clients, patients and their families. We are making progress, but recognize that as long as there are patients, there is more to do.

J Stewart McMillan

Respectfully,
Dr. J. Stewart McMillan
Board Chair

Message from the CEO and Board Chair

Over the last year, together with our partners, we have taken significant steps to:

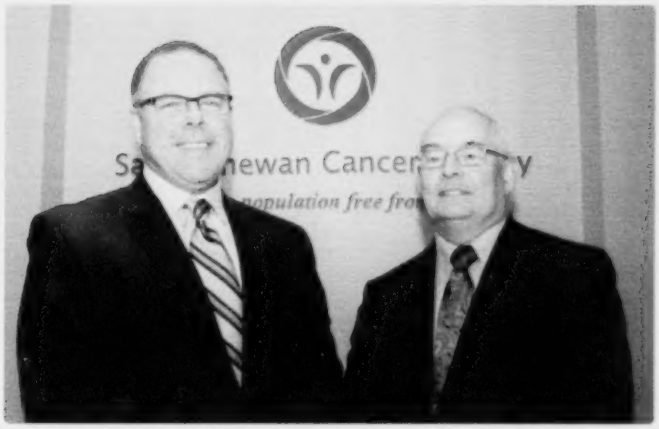
- Improve the client, patient and family experience
- Improve access to care throughout the cancer journey
- Support the development of quality measures, accountability and safety throughout the organization
- Create sustainability by enhancing primary prevention and early detection

After the Patient First Review in 2009, Saskatchewan started on a new path toward better care, better health, better value and better teams for Saskatchewan people. For the first time, the entire healthcare sector is looking at ways to work together and make a difference as a system that's transformation at its best. Courageous, forward thinking healthcare organizations are leading the way to safe, quality care that puts patients and their families first. We want to ensure that we are a part of that process.

This report, *Improving on Tradition, Building for the Future,* highlights how we are working to transform cancer care in our province and reflects our commitment to clients, patients and families. It not only builds on our long history of providing cancer care in this province, but looks at how we can improve every aspect of cancer care and control. We are working to provide excellent care with compassion, to involve patients and their families in treatment, and to lead in areas of quality, safety, research and prevention.

Scott Livingstone
Chief Executive Officer

Dr. J. Stewart McMillan
Board Chair



Board of Directors 2011-2012

The Agency is funded by the provincial government and is directed by a board of directors appointed by the Lieutenant Governor in Council. The key responsibilities of the board include:

- Selecting the chief executive officer and reviewing his or her performance
- Establishing the overall strategic direction and framework for the Agency, including the mission, vision and values
- Providing financial stewardship by overseeing the financial management of the organization
- Monitoring the overall quality and safety of services and programs for staff and patients
- Establishing and maintaining relationships with key stakeholders
- Maintaining effective governance which includes annually evaluating the board's effectiveness and that of its committees

The Chief Executive Officer (CEO) is the board's link to the administration and day-to-day operations of the Agency. The CEO is accountable to the board as a whole.

During the 2011-12 year two board members resigned, leaving a board of five members. "A small board, like a larger one, presents unique challenges," said Dr. McMillan, Board Chair. "But we look forward to the appointment of new members as we remain committed to the work of the Agency."

Dr. Stewart McMillan, Chair

Ron Waschuk, Vice Chair

Doug Finnie

Laura Kennedy

Dr. Walter Streelasky

Board of Directors 2011-2012

Board Accomplishments

"Today, the public is demanding more from their leaders in healthcare and expecting greater accountability," said Dr. Stewart McMillan, Saskatchewan Cancer Agency Board Chair. "That's why we felt it was important for all of our board members to understand their roles, and to develop a governance model that would best suit the work of the Cancer Agency."

After careful consideration, the board felt it would be in their best interest to adopt a model that took key pieces and best practices from a number of different leadership models.

"What we came up with is a hybrid leadership model that focuses on the Agency's vision and encouraging diversity of viewpoints, strategic leadership and a clear distinction between board and management roles," McMillan said. "We are pleased with the outcome of our work this year and feel that we are on the road to better overall structure and governance."

Accomplishments for the year include:

- Adopting a work and communications plan to guide board actions
- Continuing to engage patients through their stories to the board, and staff through information sessions with various groups
- Governance training through the Brown Governance School
- Creating a policy manual
- Creating a skills inventory that would assess gaps in the board membership that could be required
- Creating a CEO performance review process

Board Committees

Audit Committee:

- Laura Kennedy, Chair
- Doug Finnie
- Chief Financial Officer (Agency liaison)

Governance and Human Resources:

- Ron Waschuk, Chair
- Dr. Walter Streelasky
- Chief Executive Officer (Agency liaison)

Quality, Safety and Risk:

- Doug Finnie, Chair
- Dr. Walter Streelasky
- Chief Executive Officer
- Provincial Leader, Quality Safety and Risk (Agency liaison)

Dr. Stewart McMillan, ex-officio on all committees

About Us

The Saskatchewan Cancer Agency operates prevention and early detection programs, conducts innovative research and provides safe, patient and family-centred care at our two cancer centres - the Allan Blair Cancer Centre in Regina and the Saskatoon Cancer Centre. Our more than 650 dedicated employees are passionate about their work in the fight against cancer.

We serve a population of 1,084,127 (Ministry of Health Covered Population 2011) and continue to meet the changing needs of healthcare, offering clients, patients and their families safe, quality programs and treatment.

We have a long and proud history dating back to 1930 with the creation of the first cancer control agency in Canada. By 1944, several years before universal Medicare, the Saskatchewan legislature proclaimed that residents of the province be eligible for free services relating to the diagnosis and treatment of cancer.

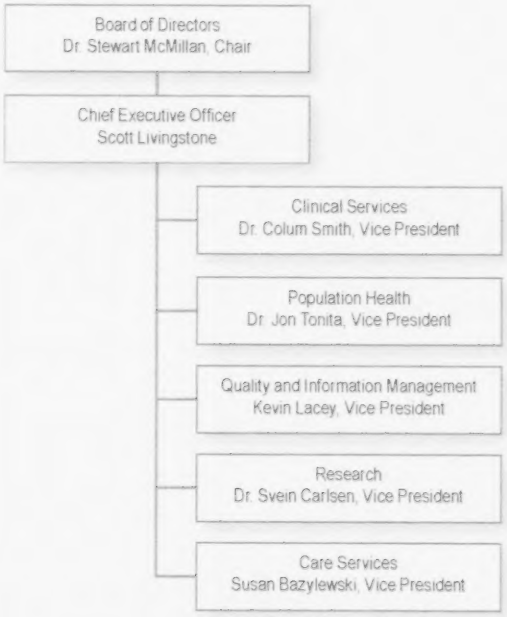
In 1998, we officially adopted the name of the Saskatchewan Cancer Agency. On May 19, 2006, *The Cancer Agency Act* received royal assent, giving us the responsibility for planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with regional health authorities and healthcare organizations.

Since that time we have continued to make strides toward improving cancer care using technology and research. Perhaps the greatest opportunity to make a difference has come in the knowledge that cancer prevention has the ability to once again put Saskatchewan at the forefront of cancer control. Together with the people of Saskatchewan, the ministry and our partners we have helped lay the foundation for cancer care in this province. This is a record to be proud of but also one to build on.

The Agency is subject to or governed by the following provincial legislation:

- *The Cancer Agency Act*
- *The Health Information Protection Act*
- *The Regional Health Services Act*

Organizational Structure



Poised for Transformation

Strategic Directions

Given that Saskatchewan is the birthplace of Medicare, healthcare is an issue that is very close to the heart of people in this province. Over the years, publicly funded universal healthcare has come to mean different things, but at the centre of it is the need to provide safe, quality care for patients and families.

In 2010-11, the Saskatchewan Cancer Agency Board established a direction for the Agency that would serve as the strategic intent for the next three years. The direction for the Agency focuses on four key areas:

- Improving client, patient and family experiences
- Improving access to care
- Driving quality, safety and accountability
- Sustainability through primary prevention and early detection

"We know that we don't deliver care for patients in isolation," said Dr. Stewart McMillan, Saskatchewan Cancer Agency Board Chair. "And as a board we wanted our strategic directions for the organization to reflect that."

Late in the year Saskatchewan started on a new path toward better care, better health, better value and better teams. This strategic direction replaced the five health sector pillars: Health of the Individual, Health of the Population, Providers, Sustainability, Supportive Processes. For years the healthcare industry has applied and implemented a variety of approaches to improve care, but what is different this time is that patients and families are firmly at the centre and we are all focused on moving forward in the same direction.

"For the first time we are finding ways to work together and make a difference as a system," said Scott Livingstone, Saskatchewan Cancer Agency CEO. "I truly believe that the future of healthcare in this province does not lie with the status quo but with change, not for change's sake, but rather because the people of this province deserve the best care possible."

In March 2012, the minister of health released a sector-wide strategic direction for Saskatchewan that set out a clear vision, initiatives and targets. What we saw for the Saskatchewan Cancer Agency was a definite alignment with the directions the board created.

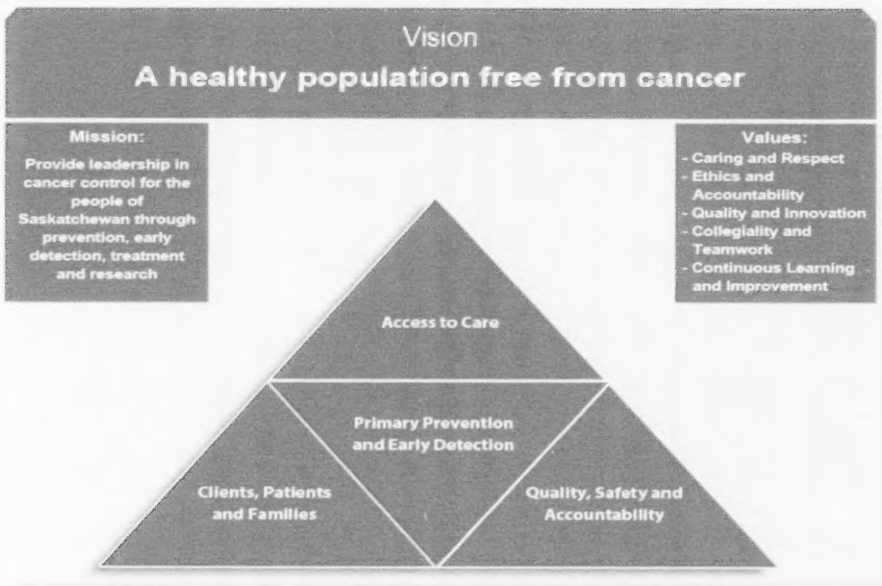
"This provincial plan won't fundamentally change what we do," Livingstone said. "Our work in prevention, early detection, treatment and research continues, but with a sharper focus. What it really does, though, is turn strategy into action and aligns everyone in the entire system so that we have a better understanding of where we are today, where we want to be, and the plan to make that happen."

Poised for Transformation

Strategic Directions

Strategic Directions for the Health System

Strategic Directions for the Saskatchewan Cancer Agency


Vision
A healthy population free from cancer
Mission:
Provide leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment and research
Values:
- Caring and Respect
- Ethics and Accountability
- Quality and Innovation
- Collegiality and Teamwork
- Continuous Learning and Improvement
Access to Care
Primary Prevention and Early Detection
Clients, Patients and Families
Quality, Safety and Accountability

Better Health

Sustainability through Primary Prevention and Early Detection

Approximately every three minutes another person is diagnosed with cancer, and it has become the leading cause of death in Canadians having now surpassed cardiovascular disease. In 2012, an estimated 5,500 new cases of cancer will be diagnosed in Saskatchewan and 2,400 people will lose their life to the disease. (Canadian Cancer Society)

"Sobering statistics, but behind those numbers are the people whose lives are affected. Every time someone gets that call from their doctor, surgeon or specialist with the news they have cancer, life changes, not just for the patient but also for everyone around them," Livingstone said. "Prevention though has the ability to change healthcare in significant ways."

Given that 50 per cent of cancers are preventable through healthy lifestyles, it is important that at an early age young people in this province are informed and are taking charge of their own health. But we can't do it alone.

Programs and Actions: Making a Difference

Evidence that could help prevent cancer and chronic disease emerges regularly through research. However, it can be difficult for public health practitioners and decision makers to integrate lessons learned from science with lessons learned from policy and practice, especially given variations in jurisdictional priorities and the many organizations and agencies focusing on different chronic diseases.

During 2011-12, the Cancer Agency continued to work with health regions, government, organizations and patients and families to develop better working relationships and programs that would improve the overall health of Saskatchewan people.

Coalitions Linking Action and Science for Prevention (CLASP)

Funded through the Canadian Partnership Against Cancer, the Coalitions Linking Action and Science for Prevention (CLASP) initiative brings together health-care organizations with the intent of improving the health of people by preventing chronic disease.

"In Saskatchewan a CLASP partnership with Manitoba called the Health Empowerment for You (HEY) curriculum has helped strengthen the relationships with First Nations peoples and communities and provide chronic disease prevention information among diverse groups," said Dr. Jon Tonita, Vice President of Population Health for the Saskatchewan Cancer Agency.

Working with First Nations elders, youth, community leaders, governments and cancer agencies in Saskatchewan and Manitoba, HEY has created a curriculum of training material that will help health practitioners and others talk to communities about chronic disease prevention and ways to reduce risk through healthy living.

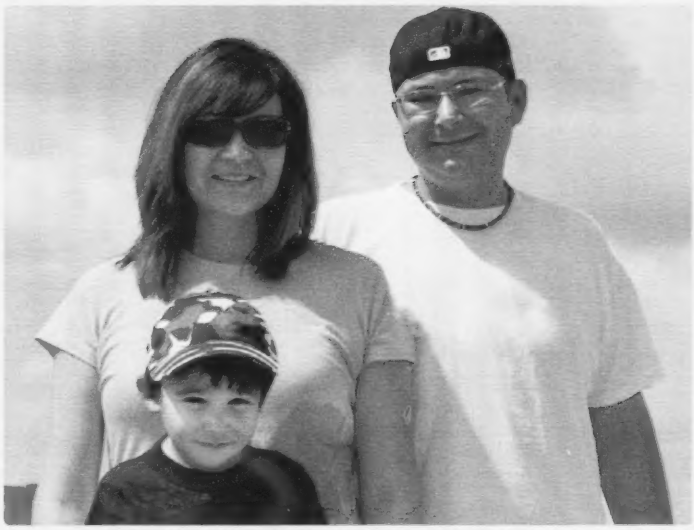
In the spring of 2011, the curriculum was piloted to seven Saskatchewan First Nations and five in Manitoba. "In December, we finalized the program and more than 100 First Nations people in Saskatchewan and Manitoba have been trained using the material that was created under CLASP HEY," Tonita said. "The success of this program can lead to an expanded scope and reach so that we can prevent chronic disease not just in Saskatchewan but in other provinces as well."

Better health

Sustainability through Primary Prevention and Early Detection

Partnership with Eagle Moon Health Office

Cancer is a growing concern for all communities, but particularly First Nations and over the last few years the Cancer Agency has made a concerted effort to develop strong relationships with organizations like the Eagle Moon Health Office in the Regina Qu'Appelle Health Region. In 2011, funding from the Canadian Breast Cancer Foundation helped the Cancer Agency and Eagle Moon start a two-year project that would bring traditional First Nations medicine together with Western medicine to address cancer. According to the Eagle Moon Health Office, "Not one model (of care) has all the answers; with both models you have a better answer."



"Education and awareness about cancer risk and First Nations community outreach are vital," Tonita expressed. "Together we are forging a bridge that respects our cultural differences and builds on our desire to improve the health of communities. At the end of the day that's what working together is all about; caring for people."

Sun Smart Saskatchewan

During the year the Cancer Agency continued its work on prevention as a member of Sun Smart Saskatchewan, a partnership of organizations and individuals whose goal is to reduce the occurrence and death from skin cancer.

"We want to increase awareness in Saskatchewan about the risks of skin cancer from over-exposure to the sun, and to encourage people to practice skin cancer prevention," Tonita explained. "People don't often think of skin cancer as a serious disease, but we want to change that, as it is one of the most preventable forms of cancer."

Between 1998 and 2007, there were 26,993 cases of skin cancer diagnosed in Saskatchewan - 19,361 basal cell carcinoma cases, 6,087 squamous cell cases, 1,216 melanoma cases and 329 other skin cancer cases.

Better health

Sustainability through Primary Prevention and Early Detection

Early Detection Brings Good News

Like prevention, early detection has the ability to help reduce the burden of cancer on individuals and on the healthcare system. In Saskatchewan, the Cancer Agency operates three population-based screening programs: Screening Program for Breast Cancer, Prevention Program for Cervical Cancer and the Screening Program for Colorectal Cancer which will be available throughout the province by 2012-13.

Through the continued support of the Government of Saskatchewan, the Cancer Agency has been making a difference in the lives of men and women through early detection.

"When cancer is detected early, the outcome for the individual is better," said Tonita. "Our screening programs help give people a fighting chance and they are working."

Screening Program for Breast Cancer		Number of Screens
Total		35,597
- Mobile Unit	8,052*	
- Regina Centre	9,328**	
- Saskatoon Centre	7,778	
- Satellite Centres (Moose Jaw, Yorkton, Swift Current, Prince Albert, North Battleford	10,439	

* The unit was pulled in January to be fitted with digital equipment
** Site was closed from February 13-March 19 to accommodate the move to a new location and the installation of digital mammography equipment

Prevention Program for Cervical Cancer	Number of Participants
Invitations (18 and 21 year olds)	10,186
Recall letters (one, two and three-year intervals)	91,371

Screening Program for Breast Cancer mobile unit

Technologists operating the digital mammography equipment at the Regina screening centre

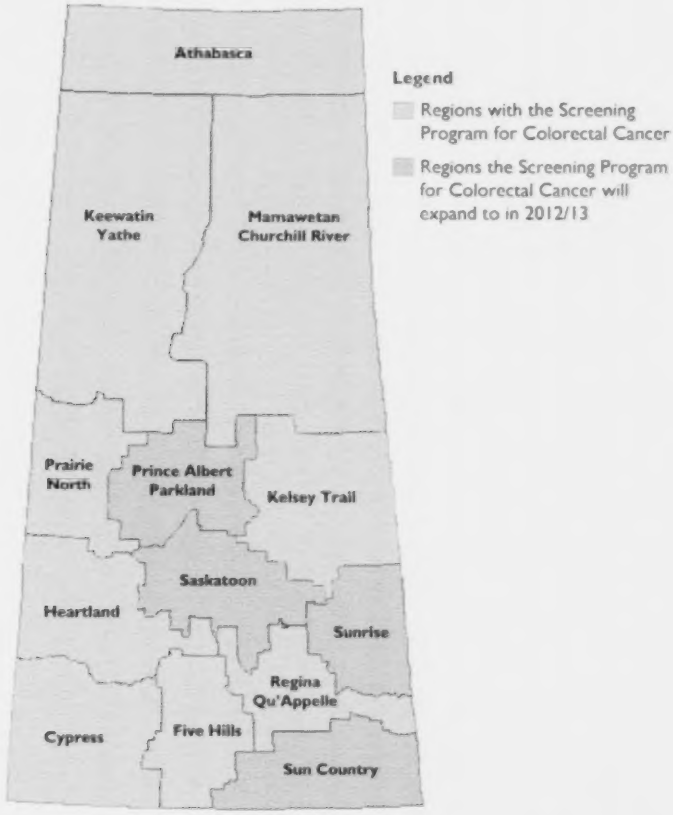
Better health

Sustainability through Primary Prevention and Early Detection

The newest program, the Screening Program for Colorectal Cancer, which began in 2009, has certainly demonstrated the importance of early detection. Available in 69 per cent of the province, this program continues to have encouraging results in participation, but more importantly in detecting pre-cancerous polyps. Today 175 individuals have had a pre-cancerous polyp removed, which means that they will not have to undergo invasive cancer treatment or surgery.

"Overall the program is doing exactly what it was designed to do—detect colorectal cancer early reducing the likelihood of invasive treatment for the patient. This is not only a positive situation for the patient and their family but also for the entire healthcare system as the burden of cost for treatment and services is reduced. Early detection makes a difference," said Dr. Bernard Lawlor, Medical Advisor for the Screening Program for Colorectal Cancer.

Screening Program for Colorectal Cancer		
Invitations sent as of March 31, 2012		59,252
Overall participation rate		35.2%
Participation rate in northern health regions		21.3%
Abnormal FIT tests		264
- Cancer	17	
- Tubulovillous and villous adenoma	91	
- Tubular adenoma	105	
- Hyperplastic polyps	25	
- Bowel disease	26	



Better Care

Improve the Client, Patient and Family Experience

While our goal is certainly to reduce the incidence of cancer and improve outcomes, the reality is that the risk of cancer increases with age– 42 per cent of new cancer cases and 59 per cent of cancer deaths will occur among those who are 70 years of age and older. With an aging population in this province, this has a significant impact on the work of the Cancer Agency and also for regions and other healthcare providers.

"We want patients and their families to be involved in making decisions about their care and in how we can improve our services," Scott Livingstone said. "Finding ways to blend their voices and needs with physicians and care providers, we can provide the very best experience possible throughout their cancer journey."

To achieve this, the Cancer Agency established a Patient and Family Advisory Council with individuals from around the province who share a desire to truly ensure the patient is at the heart of all we do. By providing feedback on programs, facilities and education material we are ensuring we hear the voice of the patient and their families.

"As a physician I can tell you that the system hasn't always worked this way, but today we are ready for change and it is what patients want and need that is directing the future of healthcare," Dr. Stewart McMillan said.

By having patients share their stories, both good and bad at every board meeting, we are able to affect positive change and at times influence on the sector. "Our work is not just about treating a disease or on improving outcomes; it's about people," Livingstone said.

Helping People get the Care They Need

We know that clients and patients want and deserve quality healthcare and that is certainly our goal in everything we do. Through the continued support and commitment of government, and together with the regions and partners like the Canadian Cancer Society, we have been able to improve access to supportive care programs like screening for distress. Screening for emotional distress is becoming increasingly common in cancer care.

Many people with cancer report physical symptoms such as fatigue and pain. They may also experience feelings of sadness, fear and loneliness—as well as depression, anxiety and panic. Research indicates that approximately 35 to 40 per cent of cancer patients feel enough distress that they would benefit from additional support services.

At the end of March 2012, the Cancer Agency was screening 59 per cent of new patients for distress. This allowed for earlier intervention to programs and services that the patient and their families could benefit from.

"We are making progress, but our goal is to provide distress screening to 100 per cent of our patients, so we have more work to do in this area," Livingstone said. "I am encouraged though with the work and cooperation of nurses, physicians and social workers to make this a priority."

Better Care

Improve the Client, Patient and Family Experience

Providing Care Closer to Home

We continue to look for ways we can improve the patient journey and experience and one way is by providing care closer to home where patients have the support of family and friends to help and encourage them. However, this is not something the Cancer Agency can do on its own; rather, it takes strong relationships in the regions and with other organizations.

Using technology and building on our strengths with regional health partners we are bringing care closer to home:

- The Community Oncology of Saskatchewan Program (COPS) saved patients almost 5.4 million km in travel by having 16 COPS centres. Rather than having patients travel to Regina or Saskatoon we were able to provide chemotherapy in more rural locations.
- Telehealth was used successfully in the last quarter of the year with three patients from areas in the north such as La Ronge. This means that patients do not need to travel to our cancer centre for an appointment with an oncologist or a member of their care team. A total of 2,032 km were saved in travel for patients using this technology.
- In partnership with the Saskatoon and Regina Qu'Appelle Health Regions, we are building an integrated hematology program. We successfully delivered 18 allogeneic stem cell transplants in Saskatoon. Traditionally patients had to be sent out of province or out of country to receive this care.

Improving Access to Care

A key component of providing better care for Saskatchewan people is ensuring they have timely access to treatment, care and programs.

In the fall of 2011, cancer patients receiving treatment were also able to get a flu shot at the Allan Blair Cancer Centre in Regina or the Saskatoon Cancer Centre. In total, 951 patients received their flu vaccine through our centres.

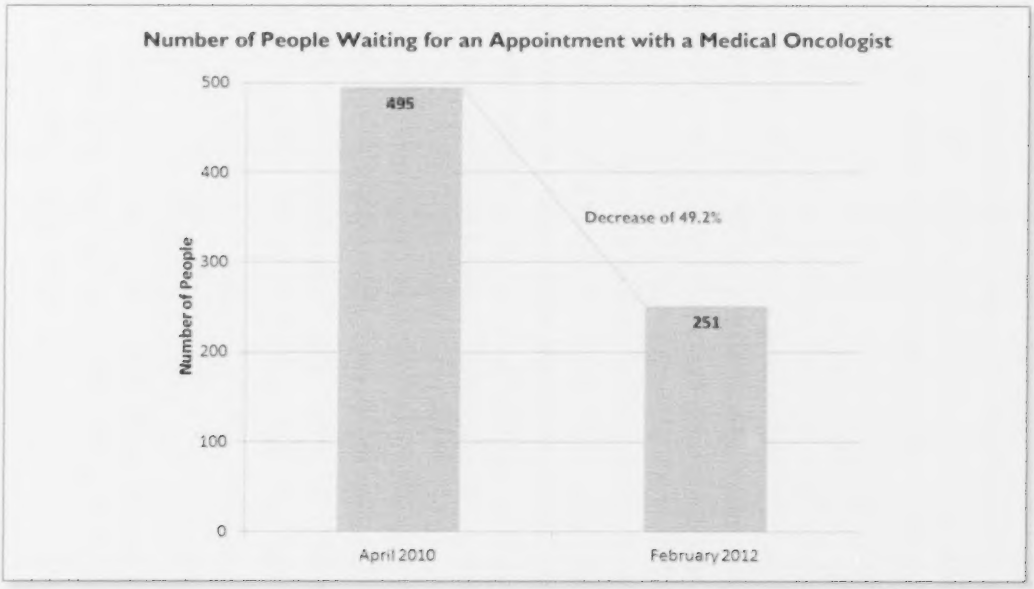
"We care about the health of all our patients," Scott Livingstone, said. "Getting vaccinated is a safe and effective way for patients and others to protect themselves and others against the flu virus and it is another service we are able to offer our patients."

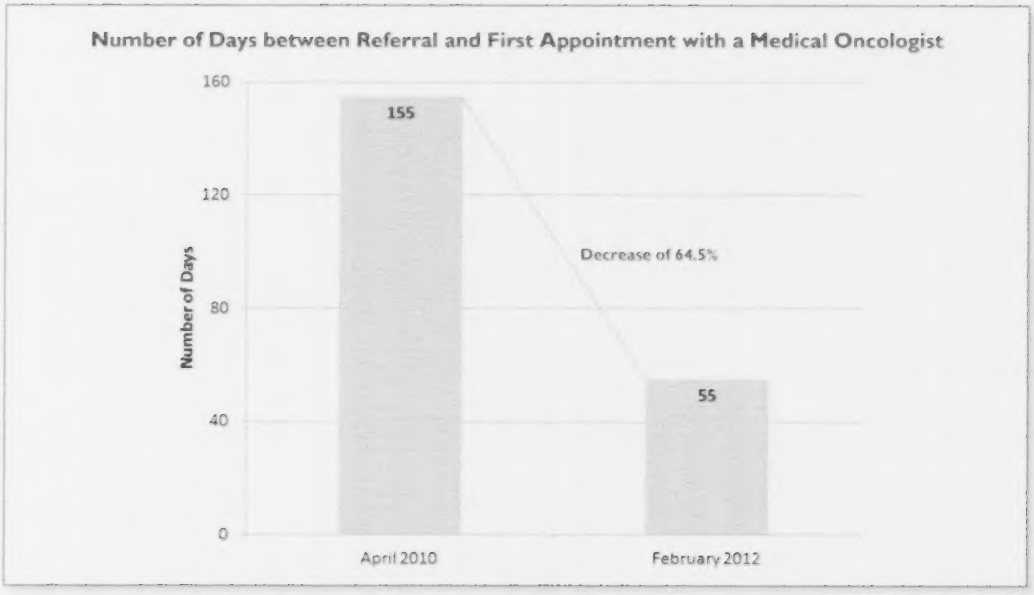
Over the last two years, improving access has been a primary focus for the Cancer Agency. Between April 2010 and February 2012, the number of people waiting to see a medical oncologist in Saskatchewan dropped almost 50 per cent. The number waiting for a first appointment at a cancer centre dropped 64.5 per cent during the same period. Almost no cancer patient currently waits longer than eight weeks for a first appointment.

"Although we have improved access, we know there is more work to do with our partners in healthcare," Board Chair Dr. Stewart McMillan said. "Ensuring clients, patients and their families have access to the care and services they need is our top priority."

Better Care

Improve the Client, Patient and Family Experience





Better Care

Improve the Client, Patient and Family Experience

Making Progress: By the Numbers

Clinical Services	Allan Blair Cancer Centre	Saskatoon Cancer Centre	Provincial Total
Number of New Patient Appointments			
- Medical Oncology	1,516	1,518	3,034
- Radiation therapy	1,360	1,452	2,812
- Pediatric oncology	26	42	68
- Hematology	165	355	520
Number of Review Patient Appointments			
- Systemic therapy	14,493	14,890	29,383
- Radiation therapy	5,326	7,618	12,944
- Pediatric oncology	854	1,031	1,885
Radiation Therapy Workload Statistics			
- Treatments	1,335	1,216	2,551
- Fractions (number of patient visits on a machine)	22,431	20,369	42,800
- Fields (number of treatments per session)	80,833	87,669	168,502
- Cases	1,301	1,189	2,490
- Number of patients seen	964	1,066	2,030
Systemic Therapy Workload Statistics			
- Number of adult patients with chemotherapy visits	5,231	4,230	9,461
- Number of adult chemotherapy visits	9,022	7,831	16,853

Access	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of Days between Referral and First Appointment (90th percentile) in Days				
- Medical oncology	62	61	59	62
- Radiation oncology	54	53	42	48
Number of Days between Ready to Treat and First Treatment				
- Medical oncology	16	17	13	13
- Radiation oncology	16	18	17	19

Clinical Trials	
Percent of patients screened for clinical trials eligibility	94-97%
Percent of new patients enrolled	3.1%

Community Oncology Program of Saskatchewan	
Number of patients	1,534
Number of treatment visits	8,119

Increased funding to the Cancer Agency over the last several years has also helped support new therapies and treatments based on patient need. We are working to provide high dose brachytherapy in Saskatoon as well as acquiring a new orthovoltage machine to provide improved access to radiation therapy for patients. We have a new $3.4 million linear accelerator in Saskatoon

and digital mammography in both Regina and Saskatoon, and will be installing the equipment on our mobile unit in 2012-13. Progress is being made.

We also have one of the broadest and most comprehensive cancer drug formularies in Canada. With many new and costly cancer drugs becoming available the Agency is doing its best to balance and set priorities for what we can do for patients that will make a difference in their lives and in outcomes.

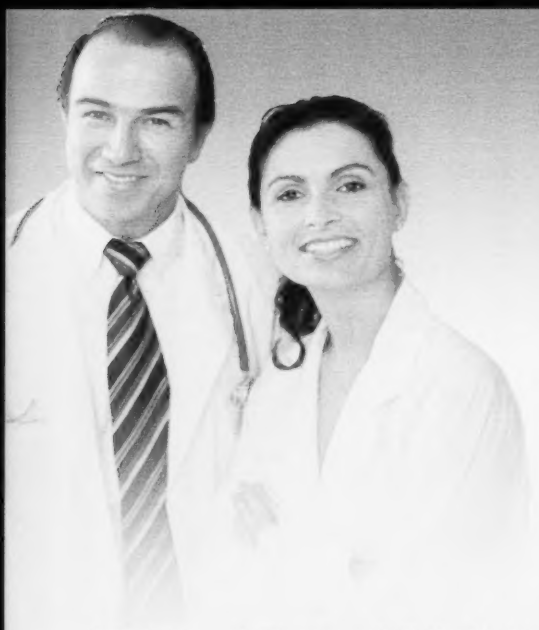
"The single biggest area of growth to our budget is drugs. Drug costs have almost doubled over the last five years and the volume of drugs provided has increased by approximately 39 per cent," Livingstone said.

PHARMACY SERVICES

Type	2010/11	2011/12
Number of oral prescriptions processed		
- Allan Blair Cancer Centre	24,873	25,809
- Saskatoon Cancer Centre	30,815	32,795
- Provincal	55,688	58,604
Number of IV medications - inpatient		
- Allan Blair Cancer Centre	4,302	4,214
- Saskatoon Cancer Centre	2,264	2,813
- Provincal	6,566	7,027
Number of IV medications - outpatient		
- Allan Blair Cancer Centre	23,786	25,081
- Saskatoon Cancer Centre	22,850	22,367
- Provincal	46,636	47,448
Number COPS orders dispensed		
- Through the Allan Blair Cancer Centre	3,630	3,473
- Through Saskatoon Cancer Centre	4,531	5,241
- Provincal	8,161	8,714

In 2011-12 the Cancer Agency also approved 15 new drug programs or expanded current indications for use

- Bevacizumab (Avastin)
- Folfirinox protocol (Oxaliplatin/ Irinotecan/Fluororuacil)
- Trastuzumab (Herceptin)
- Fosaprepitant/Aprepitant
- Caphosol –
- Degarelix (Firmagon) Pazopanib (Votrient)
- Abiraterone (Zytiga)
- Imatinib
- Denosumab (Xgeva)
- Procarbazine
- Paclitaxel
- Irinotecan
- Oxaliplatin
- Docetaxel



Better Value

Quality, Safety and Accountability

"We're committed to giving Saskatchewan people the best cancer care available anywhere," former Health Minister Don McMorris said in a news release in early 2012. By achieving improved transparency, accountability and ensuring that quality and safety for patients and staff are always at the forefront we will add value to the care we provide.

The Cancer Agency has taken this to heart and looked at ways that we can add value for clients, patients and families by using Lean and other continuous improvement methods. Lean is a management approach that increases efficiency in order to provide the highest level of care to the patient.

In Saskatoon, staff began an initiative to streamline the organization of equipment and supplies in the chemotherapy area. Using a methodology called 5S (sort, set in order, shine, standardize and sustain) not only was 1,301 square feet of space reclaimed, but the new processes reduced the time it takes to order supplies by 75 per cent.

"5S is a powerful tool to improve the effectiveness of working environments and create more reliable managements systems," Livingstone said. "It also has the ability to improve safety for patients and staff."

Knowing that the process works, the Cancer Agency is continuing to use 5S in other areas such as chemotherapy and epidemiology, and recently completed a 5S project in early detection.

"We continue to find tools that allow us to do more with what we already have and that adds value for everyone," Livingstone said.

Two members of the Allan Blair Cancer Centre team working on a 5S project

Shared Services

In the last several years, we have seen the entire health sector coming together to put clients, patients and families at the centre of care. Within the Agency we have certainly made this the cornerstone of our work. We all recognize that we can't do it alone, we need to build strong relationships with each other to deliver the kind of care that patients and their families need.

The 2009 province-wide Patient First Review made it clear that patients and families also wanted to see the entire health sector working more closely together. One of the recommendations from the review was that by sharing administrative and support services we could be more effective and efficient.

"Sharing resources is not new for the Agency. We have effectively been purchasing supplies with other health facilities to help reduce costs, and using SAHO for payroll and benefit administration," Livingstone said.

In December of 2011, the Cancer Agency joined other regions and organizations in offering paperless earning statements. Through Gateway Online, a secure web portal system, Cancer Agency employees are able to access their current pay statements from home and work or anywhere there is Internet access.

"This is one example of how shared services are benefitting staff and allowing the Cancer Agency to be more environmentally friendly."

Better Teams

Quality, Safety and Accountability

By building safer and more supportive workplaces committed to client, patient and family centred care we are able to create better teams. What this means for the Saskatchewan Cancer Agency is that we need to ensure we are in a position to meet the growing demand for cancer care and related services by building strong relationships.

Working together with partners in the healthcare system we are improving the coordination and timely access of safe quality care and services for clients, patients and their families, as well as staff.

Safety First

Despite the fact that Saskatchewan has one of the highest records for workplace injuries in healthcare, the Cancer Agency has proudly stood out from the pack.

"The nature of our work is different from our regional counterparts who experience lifting injuries more regularly, but our record stands for itself when it comes to safety," Kevin Lacey, Vice President of Quality and Information Management said. "We are building a just culture, where safety is paramount for both patients and staff."

In the last two quarters of the year the Cancer Agency did not have any lost time workers compensation days. "Zero injuries is always the goal," Lacey shared. The Cancer Agency also has low sick leave and wage driven premium hours paid per FTE.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Sick leave hours/FTE	17.62	13.91	16.13	15.17
Wage driven premium hours	3.31	2.66	3.46	6.17

Donors: Part of the Team Making a Difference

Philanthropy Changes Lives

Philanthropy plays a vital role in the success of our work. The support of our donors enables us to:

- Equip our facilities with the most advanced technology to save lives and improve patient care
- Care for the needs of people from early detection through to treatment
- Fund research that benefits patients and advances our understanding of disease prevention, diagnosis and treatment
- Maintain high levels of quality and satisfaction for patients and employees
- Improve our facilities so we can deliver advanced, efficient care to the thousands of patients who come through our doors

During 2011-12, the Cancer Agency received an estimated $2 million in contributions from our generous donors. This includes funding from third-party events, foundations and campaigns like Choc'laCure, Ladies of Harley, Lisa Rendall Memorial Golf Classic, C95 Radio Marathon and associated events, Pink Warrior Foundation, TELUS, Investors Group (Regina Quance Street), SaskTel TelCare, Farm Credit Canada Spirit Fund, Lobster for Life, and many others. It also reflects more than $493,000 from 12 estates.

"This kind of philanthropic support helps us meet the changing, diverse needs of our communities," Scott Livingstone said.

Better Teams

Quality, Safety and Accountability

Shelly Fornwald of Lampman, SK presents a cheque for $15,000 to Scott Livingstone. The funds were raised through a Lobster for Life event and are directed toward the Allan Blair Cancer Centre.

Sharon Griffin, Director of Acute Care with Prince Albert Parkland Health Region, and Valerie Isbister, Pink Glove Dance participant, present Scott Livingstone with a cheque for $2,000 on behalf of Medline Inc.

Making Dreams Come True

In October, 2011, the Cancer Agency entered into a unique partnership with the Saskatchewan Roughriders called Touchdown for Dreams. The goal of the program is to raise funds to grant dreams to Saskatchewan women who are living with a life threatening diagnosis of cancer.

"Every woman should have the opportunity to see her dream come true, to hope, believe and experience her greatest vision," Scott Livingstone said. "For just a short time we are able to help them forget they are sick and just let them live."

The first recipient and patient ambassador for the program was Megan Fonstad and the Saskatchewan Rider player ambassador was Barrin Simpson. Megan's dream, seeing Garth Brooks in concert in Las Vegas, was fulfilled in late October. Megan and her husband not only took in the concert, but had the opportunity to meet the well-known country artist and spend a luxurious couple of days in Las Vegas touring the Grand Canyon and enjoying the sites the city has to offer.

"Unfortunately, Megan passed away in 2012, but her spirit lives on every time a dream is granted. She was a strong courageous woman who gave back more than she ever received," said Livingstone.

Megan Fonstad, second from left, at the launch of Touchdown for Dreams

Research

Better health, better care, better value and better teams

Research has the ability to provide better health, care, value and create better teams of professionals not just in Saskatchewan but also around the world.

In 2011, three Cancer Agency researchers received $1,116,249 from the Canadian Breast Cancer Foundation to carry on their work in breast cancer.

"We are pleased to have the work of our researchers acknowledged," Scott Livingstone, said. "This funding provides opportunities for our researchers to showcase their knowledge and commitment to excellence."

The grants provided funding for:

- Dr. Deborah Anderson who is investigating the role of p85 in EGFR (epidermal growth factor receptor)-expression triple negative breast cancer. She received $375,000 for the period Sept. 1, 2011 – August 31, 2014.
- Dr. Keith Bonham who is researching the epigenetic reprogramming of transcription in breast cancer cells by HDAC (Histone deacetylase) inhibitors. He received $374,880 for the period Sept. 1, 2011 – August 31, 2014.
- Dr. Jim Xiang who is examining a combinatorial immunotherapy of anti-HER-2 antibody and HER-2-specific adenoviral vector vaccine for advanced HER-2 positive breast cancer. He received $366,369 for the period Sept. 1, 2011 – August 31, 2014.

"The work of our researchers is important in better understanding how breast cancer grows, spreads and what can be done to counter the progression of the disease," Dr. Svein Carlsen, Vice President of Research for the Saskatchewan Cancer Agency said. "Ultimately the grants to our researchers will allow us to explore how we can lengthen and save lives of cancer patients."

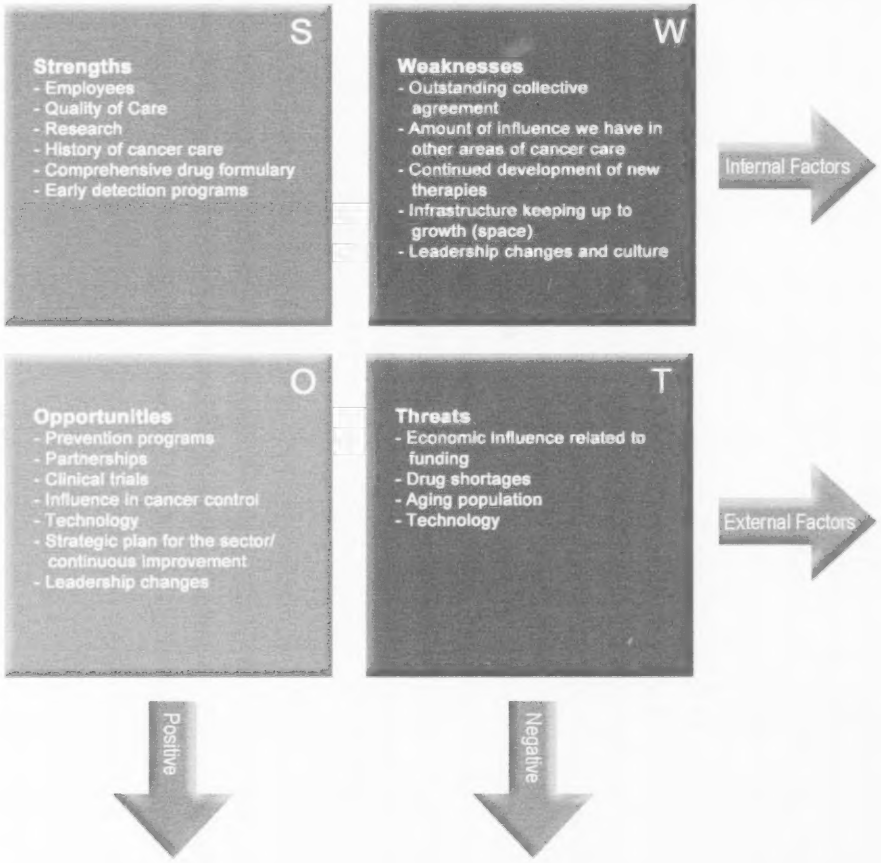
Scott Livingstone, CEO, and Dr. Sylvia Fedoruk at the Cobalt unit display at the Western Development Museum, Saskatoon

Meeting the challenges and opportunities of a changing healthcare sector

"In healthcare, challenges and opportunities toward making a difference for clients, patients and families exist daily," Livingstone said. "Our role is to enhance each equally and to build better care for tomorrow."

As the year progressed the Cancer Agency worked to mitigate organizational risks in the most effective way possible. These risks included:

- Lin-Ac issues that required repairs: The Cancer Agency extended its hours of operation using its existing two machines to deliver safe and timely care for patients. A plan to replace the Lin-Ac was also put in place.
- Drug shortages: During the year there were a number of drug shortages from manufacturers that had the potential to disrupt patient care if not managed well. Through our pharmacy we were able to provide alternative effective treatment plans and manage current supplies of drug stock.
- Human resources: Like any organization there is turnover that needs to be managed through a well thought out strategy on human resources. Work toward a human resource and succession plan continues to be a priority for the Cancer Agency. In 2011-12 the Cancer Agency continued to provide cancer control for the people of the province ensuring that the needs of clients, patients and families were met.



Financial Summary

In 2011-12, the Saskatchewan Cancer Agency's Operating Fund received revenues of $129.6 million and incurred expenditures of $124.2 million resulting in as excess of revenues over expenses of $5.4 million. The positive financial position was largely the result of less than anticipated drug expenditures of $6.4 million. Additional reduced expenditures in this area were due to nationwide drug shortages for key cancer drugs and less than anticipated cancer drug use. As with past years, several variables have an impact on the cost of drugs including availability of the product, the timing of the implementation of new drug programs, the number of oncologists prescribing the drugs, and the variable types of cancer cases seen and the treatment options delivered. In 2011-12, anticipated drug approvals by the national Joint Oncology Drug Review Panel did not occur and therefore also resulted in under expenditure in this area of the Agency's operations. As a result of these funds being made available, $4.5 million of this balance was transferred to the Agency's Capital Fund in order to support capital infrastructure for patient treatment and facilities pressures including the acquisition of a treatment planning system for radiation therapy and renovations to the Saskatoon Cancer Centre pharmacy.

The revenues in the Capital Fund are $3.7 million over budget due to receiving $3.8 million in March 2012 for the purchase of a replacement linear accelerator and related renovations at the Saskatoon Cancer Centre. This equipment is expected to be purchased and installed in 2012-13. The Agency's operations continue to be heavily dependent on equipment and technology. It is important that this equipment remain current and be replaced at the end of its expected useful life to avoid the risk of equipment failure and technological obsolescence. Service contracts and in-house staff are used to maintain the equipment and maximize its useful life. Contingency plans have also been developed in the event of prolonged breakdown of the equipment.

Advances in treatment and technology continue to emerge, which creates pressure to acquire new equipment technology on a timely basis. We monitor our equipment needs, allocate capital funding to high-priority areas and communicate additional funding requirements to the Ministry of Health through the annual planning processes.

As rate of cancer incidence increases and as patients are living longer with cancer, associated increased workloads and expanding services has resulted in significant space pressures, particularly at our two cancer clinics. The Agency is committed to using innovative planning methods and tools to ensure the Agency maximizes the space we currently occupy and how we prepare for the future.

Management Report

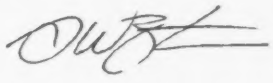
The accompanying financial statements are the responsibility of management and have been approved in principle by the Agency's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgments. The financial information presented in the Financial Summary and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Agency's assets are safeguarded and that financial records are relevant and reliable.

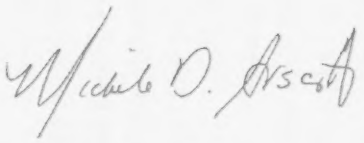
The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor of Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor of Saskatchewan conducts an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow them to report on the fairness of the financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of management,



Scott Livingstone
Chief Executive Officer



Michele Arscott, CA
Chief Financial Officer

May 25, 2012

Independent Auditor's Report

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of the Saskatchewan Cancer Agency, which comprise the statement of financial position as at March 31, 2012, and the statement of operations and changes in fund balances and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

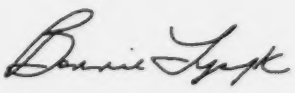
My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Saskatchewan Cancer Agency as at March 31, 2012, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Regina, Saskatchewan
May 23, 2012

Bonnie Lysyk, MBA, CA
Provincial Auditor

Statement 1

SASKATCHEWAN CANCER AGENCY
STATEMENT OF FINANCIAL POSITION
As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Research Fund	Restricted Funds: Trust Fund	Total 2012	Total 2011
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	$ 7,019,157	$ 2,160,055	$ 217,212	$ 3,473,495	$ 12,869,919	$ 16,836,842
Accounts receivable:						
- Ministry of Health – General Revenue Fund	1,896,143	3,800,000	---	---	5,696,143	927,036
- Other	1,254,635	16,624	---	256,639	1,527,898	1,534,966
Inventory	4,365,759	---	---	---	4,365,759	3,748,947
Prepaid expenses	407,759	647	---	3,888	412,294	407,898
Due (to) from other funds	(4,303,459)	4,518,808	(65,954)	(149,395)	---	---
	10,639,994	10,496,134	151,258	3,584,627	24,872,013	23,455,689
Investments (Schedule 1)	4,841,365	1,762,321	---	1,531,295	8,134,981	7,997,167
Capital assets (Note 4)	---	23,764,895	---	---	23,764,895	22,548,907
Total Assets	$ 15,481,359	$ 36,023,350	$ 151,258	$ 5,115,922	$ 56,771,889	$ 54,001,763
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	$ 3,787,569	$ 800,825	$ 7,139	$ 24,610	$ 4,620,143	$ 4,040,632
Accrued salaries	3,506,640	---	---	---	3,506,640	4,824,544
Vacation payable	1,394,140	---	25	263	1,394,428	1,352,632
Deferred revenue (Note 7)	3,482,246	---	---	---	3,482,246	5,731,450
	12,170,595	800,825	7,164	24,873	13,003,457	15,949,258
Fund Balances						
Invested in capital assets	---	23,764,895	---	---	23,764,895	22,548,907
Externally restricted (Schedule 2)	---	6,370,806	144,094	4,137,521	10,652,421	11,539,242
Internally restricted (Schedule 3)	3,310,764	5,086,824	---	953,528	9,351,116	3,964,356
Fund balances	3,310,764	35,222,525	144,094	5,091,049	43,768,432	38,052,505
Total Liabilities & Fund Balance	$ 15,481,359	$ 36,023,350	$ 151,258	$ 5,115,922	$ 56,771,889	$ 54,001,763

(The accompanying notes and schedules are part of these financial statements.)

Statement 2

SASKATCHEWAN CANCER AGENCY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2012	Total 2011	Capital Fund 2012	Research Fund 2012	Trust Fund 2012	Total 2012	Total 2011
REVENUES							
Ministry of Health – General Revenue Fund	$ 126,760,679	$ 112,604,568	$ 3,800,000	$ —	$ —	$ 3,800,000	$ 2,445,000
Grants	597,033	656,215	—	—	—	—	—
Donations and bequests	—	—	—	—	1,981,019	1,981,019	2,279,501
Investment income	260,911	261,197	96,364	2,445	96,652	195,461	194,215
Unrealized gain (loss) – Financial instruments	124,357	56,308	22,694	—	(9,237)	13,457	(2,885)
Other revenues	1,848,437	1,845,952	—	—	—	—	3,910
	129,591,417	115,424,240	3,919,058	2,445	2,068,434	5,989,937	4,919,741
EXPENSES							
Salaries and employee benefits	64,583,063	60,197,450	—	—	136,943	136,943	193,753
Drugs and medical supplies	46,572,892	44,228,643	—	—	—	—	—
Purchased services	2,118,776	1,981,579	—	—	—	—	—
Other expenses	10,911,912	9,016,568	—	—	633,597	633,597	498,656
Research grants (Schedule 4)	—	—	—	426,361	—	426,361	330,179
Amortization	—	—	4,496,792	—	—	4,496,792	4,286,230
Loss/(gain) on disposal of capital assets	—	—	(82,378)	—	—	(82,378)	67,306
	124,186,643	115,424,240	4,414,414	426,361	770,540	5,611,315	5,376,124
Excess (deficiency) of revenues over expenses	5,404,774	—	(495,356)	(423,916)	1,297,894	378,622	(456,383)
Interfund transfers (Note 8)	(4,500,000)	—	4,757,957	351,486	(609,443)	4,500,000	—
Increase (decrease) in fund balances	904,774	—	4,262,601	(72,430)	688,451	4,878,622	(456,383)
Fund balances, beginning of year	2,405,990	2,405,990	30,959,924	216,524	4,470,067	35,646,515	36,102,898
Transfer Trust account balance (Note 15)	—	—	—	—	(67,469)	(67,469)	—
Fund balances, end of year	$ 3,310,764	$ 2,405,990	$ 35,222,525	$ 144,094	$ 5,091,049	$ 40,457,668	$ 35,646,515

(The accompanying notes and schedules are part of these financial statements.)

Statement 3

SASKATCHEWAN CANCER AGENCY
STATEMENT OF CASH FLOWS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	2012	2011 Note 16	Capital Fund	Research Fund	Trust Fund	Total 2012	Total 2011 Note 16
Cash provided by (used in):	**Operating Activities**		**Financing and Investing Activities**				
Excess (deficiency) of revenues over expenses	$ 5,404,774	$ —	$ (495,356)	$ (423,916)	$ 1,297,894	$ 378,622	$ (456,383)
Net change in non-cash working capital (Note 3)	(552,473)	3,521,677	(7,529,796)	22,641	(269,421)	(7,776,576)	(709,183)
Amortization of capital assets	—	—	4,496,792	—	—	4,496,792	4,286,230
Unrealized (gain)/loss – financial instruments	(124,357)	(56,308)	(22,694)	—	9,237	(13,457)	2,885
Loss/(gain) on disposal of capital assets	—	—	(82,378)	—	—	(82,378)	67,306
	4,727,944	3,465,369	(3,633,432)	(401,275)	1,037,710	(2,996,997)	3,190,855
Purchase of capital assets							
Buildings/construction	—	—	(1,454,056)	—	—	(1,454,056)	(225,186)
Equipment	—	—	(4,377,674)	—	—	(4,377,674)	(973,513)
Proceeds on disposal of capital assets							
Equipment	—	—	201,329	—	—	201,329	5,979
	—	—	(5,630,401)	—	—	(5,630,401)	(1,192,720)
Disposal of investments	—	537,600	—	—	—	—	—
Net increase (decrease) in cash and short-term investments during the year	4,727,944	4,002,969	(9,263,833)	(401,275)	1,037,710	(8,627,398)	1,998,135
Cash and short-term investments, beginning of year	6,791,213	2,788,244	6,665,931	267,001	3,112,697	10,045,629	8,047,494
Interfund transfers (Note 8)	(4,500,000)	—	4,757,957	351,486	(609,443)	4,500,000	—
Transfer Trust account balance (Note 15)	—	—	—	—	(67,469)	(67,469)	—
Cash and short-term investments, end of year	$ 7,019,157	$ 6,791,213	$ 2,160,055	$ 217,212	$ 3,473,495	$ 5,850,762	$ 10,045,629
Amounts in cash balances							
Cash and short-term investments	$ 7,019,157	$ 6,791,213	$ 2,160,055	$ 217,212	$ 3,473,495	$ 5,850,762	$ 10,045,629

(The accompanying notes and schedules are part of these financial statements.)

SASKATCHEWAN CANCER AGENCY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2012

1. Legislative Authority

The Saskatchewan Cancer Foundation commenced operations on August 1, 1979 under the provisions of *The Cancer Foundation Act*. Effective January 2, 2007, it continued as a corporation under the name of the Saskatchewan Cancer Agency (Agency), pursuant to *The Cancer Agency Act*. The Agency is responsible for the planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with regional health authorities and health care organizations.

The Agency is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. Significant Accounting Policies

The Agency is classified as a government not-for-profit organization. These financial statements have been prepared in accordance with Canadian generally accepted accounting principles applicable to not-for-profit entities and include the following significant policies:

a) Fund Accounting

The accounts of the Agency are maintained in accordance with the restricted fund method of accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Agency including contributions from the Ministry of Health - General Revenue Fund for the provision of health services. Other revenues consist of recoveries, ancillary revenue and billings to patients and other organizations.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Agency in capital assets. The Capital Fund includes contributions from the Ministry of Health - General Revenue Fund designated for construction of capital projects and the acquisition of capital equipment. Expenses consist primarily of amortization of capital assets.

iii) Research Fund

The Research Fund is a restricted fund that supports the awarding of cancer research grants. The Research Fund includes contributions from research donations transferred from the Trust Fund and investment income of the Research Fund.

iv) Trust Fund

The Trust Fund is a restricted fund that accepts donations and contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Agency maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund.

c) Investments

Investments are valued at fair value.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined on the average cost method.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold improvements	3 - 20 years
Equipment and furniture	4 - 15 years

Donated capital assets are recorded at their fair value at the date of contribution.

f) Asset Retirement Obligations

Asset retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

g) Pension

Employees of the Agency participate primarily in the Public Employees Pension Plan (a related party) which is a defined contribution pension plan. The Agency follows defined contribution plan accounting for its participation in the plan. Accordingly, the Agency expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

i) Financial Instruments

The Agency has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the Agency's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.

As at March 31, 2012 (2011 – none), the Agency does not have any outstanding contracts or financial instruments with embedded derivatives.

The Agency is exposed to financial risks as a result of financial instruments. The Agency has policies and procedures in place to mitigate the associated risks (see Note 11). The risks the Agency is exposed to are:

i) Price risks which include:
- Currency risk - affected by changes in foreign exchange rates.
- Interest rate risk - affected by changes in market interest rates.
- Market risk - affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii) Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii) Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result in an inability to sell a financial asset quickly at close to its fair value.

iv) Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

3. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2012	2011	Capital Fund	Research Fund	Trust Fund	Total 2012	Total 2011
(Increase) in accounts receivable	$ (730,002)	$ (1,559,002)	$ (3,800,000)	$ -	$ (232,038)	$ (4,032,038)	$ (1,986)
(Increase) in inventory	(616,812)	(611,629)	-	-	-	-	-
(Increase) decrease in prepaid expenses	(16,509)	(37,101)	(647)	-	12,760	12,113	(1,373)
(Increase) decrease in due (to) from other funds	4,347,893	601,146	(4,331,941)	20,824	(36,775)	(4,347,892)	(601,148)
Increase (decrease) in accounts payable	(13,247)	(1,178,754)	602,792	3,567	(13,601)	592,758	(104,401)
Increase (decrease) in accrued salaries	(1,317,904)	2,435,313	-	-	-	-	-
Increase (decrease) in vacation payable	43,313	(116,468)	-	(1,750)	233	(1,517)	(275)
Increase (decrease) in deferred revenue	(2,249,205)	3,988,172	-	-	-	-	-
	$ (552,473)	$ 3,521,677	$ (7,529,796)	$ 22,641	$ (269,421)	$ (7,776,576)	$ (709,183)

4. Capital Assets

	March 31, 2012			March 31, 2011
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land and Improvements	$ 280,297	$ —	$ 280,297	$ 280,297
Buildings	22,616,742	19,362,215	3,254,527	1,643,624
Leasehold Improvements	14,154,687	9,409,574	4,745,113	6,279,126
Equipment and Furniture	37,803,837	22,318,879	15,484,958	14,345,860
	$ 74,855,563	$ 51,090,668	$ 23,764,895	$ 22,548,907

Work in progress amount included in the assets above is $798,269. This amount was not amortized in 2011/12.

5. Commitments

a) Capital Assets Acquisitions

At March 31, 2012, commitments for acquisition of capital assets are $1,615,712 (2011 - $4,180,576).

b) Operating Leases

Minimum annual payments under operating leases on property over the next five years are as follows:

2013	$ 711,693
2014	338,557
2015	170,896
2016	107,944
2017	109,524

c) Asset Retirement Obligations

The Agency does not have any significant liability for asset retirement obligations. Asset retirement costs for the organization are associated with the removal of radiation sources from the Cancer Centres. As these costs are not significant, they will be expensed in the period in which they are incurred.

d) Contracted Health Services Operators

The Agency continues to contract on an ongoing basis with the Regional Health Authorities to provide some services such as lab tests, diagnostic radiology and housekeeping and maintenance services. In the year ended March 31, 2012, the Agency contracted services amounting to $6,713,869 (2011 - $6,127,861).

6. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division, previously donated two cancer patient lodges in the province to the Agency. Under the terms of an agreement with the Society, the Agency has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Agency so long as they are operated as cancer patient lodges. If the Agency ceases to use the buildings as patient lodges, title of those buildings will be transferred to the Society without charge.

7. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	$ 29,487	$ 2,027	$ 5,000	$ 32,460
- Professional development initiatives	9,356	4,261	---	5,095
- Quality workplace initiatives	78,620	41,884	---	36,736
- Colorectal screening initiatives	984,272	---	---	984,272
- Access to care initiatives	2,300,000	2,300,000	---	---
- Drug funding	2,136,025	---	21,361	2,157,386
- Infection control	38,000	---	18,000	56,000
- Prostate pathways initiative	20,000	20,000	---	---
- Lymphedema education	---	---	100,000	100,000
- IPFCC training	10,000	10,000	---	---
Total Ministry of Health Initiatives	**5,605,760**	**2,378,172**	**144,361**	**3,371,949**
Non-Ministry of Health Initiatives				
Other revenue received in advance	125,690	15,393	---	110,297
Total Non-Ministry of Health Initiatives	**125,690**	**15,393**	**---**	**110,297**
Total Deferred Revenue	**$ 5,731,450**	**$ 2,393,565**	**$ 144,361**	**$ 3,482,246**

8. Interfund Transfers

Each year the Agency transfers amounts between its funds for various purposes. These include funding current and future capital asset purchases, research grants and reassigning fund balances to support certain activities.

	2012			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (4,500,000)	$ 4,757,957	$ (33,239)	$ (224,718)
Research grants	---	---	384,725	(384,725)
Total	$ (4,500,000)	$ 4,757,957	$ 351,486	$ (609,443)

	2011			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ ---	$ 211,490	$ ---	$ (211,490)
Research grants	---	---	124,920	(124,920)
Total	$ ---	$ 211,490	$ 124,920	$ (336,410)

9. Pension Plan

Employees of the Agency participate in one of the following pension plans:

a) Public Employees Pension Plan (PEPP) (a related party) - This is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year is included in benefits in Schedule 5.

b) Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002.

			2012	2011
	SHEPP	PEPP	Total	Total
Number of active members	43	588	631	595
Member contribution rate, percentage of salary	7.7% - 10%	7.00%		
SCA contribution rate, percentage of salary	8.62% - 11.2%	7.00%		
Member contributions (thousands of dollars)	222	2,628	2,850	2,760
SCA contributions (thousands of dollars)	248	2,648	2,896	2,844

Note - Active members are employees of the Agency, including those on leave of absence as of March 31, 2012. Inactive members are not reported by the Agency.

10. Related Party Transactions

These financial statements include transactions with related parties. The Agency is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Agency is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties.

Other routine operating transactions with related parties are recorded at agreed upon rates charged by those organizations and are settled on normal trade terms.

	2012	2011
Expenses		
Regina Qu'Appelle Regional Health Authority	$ 2,827,952	$ 2,416,649
Saskatoon Regional Health Authority	3,547,699	3,373,510
Public Employees Pension Plan	2,896,406	2,637,916
SAHO	1,678,668	1,529,147
Other related parties	2,719,532	2,205,194
Total related party expenses	$ 13,670,257	$ 12,162,416
Prepaid Expenses		
Other related parties	$ 125,940	$ 145,071
Total related party prepaid expenses	$ 125,940	$ 145,071
Accounts Payable		
Regina Qu'Appelle Regional Health Authority	$ 667,356	$ 422,505
Saskatoon Regional Health Authority	1,040,669	723,817
Other related parties	329,236	700,077
Total related party payable	$ 2,037,261	$ 1,846,399

In addition, the Agency pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for $1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Agency is situated on land owned by the University of Saskatchewan. The Agency is not charged for the use of this land.

11. Financial Instruments

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows.

b) Interest Rate Risk

The Agency is exposed to the following interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates:

- The interest rate risk for the Agency's receivables and payables is minimal because they are non-interest bearing and of a short-term nature.
- As market interest rates fluctuate, the market value of long-term investments moves in the opposite direction. This risk will affect the selling price of investments if they are sold prior to maturity. Due to the size and nature of the Agency's investment portfolio and its future cash flow needs, the Agency is able to manage the timing of investment disposals in a manner that minimizes the interest rate risk.

c) Credit Risk

The Agency is exposed to credit risk from potential non-payment of accounts receivable or investment income and principle. The credit risk for the Agency's receivables is minimal because they are mostly from the Ministry of Health – General Revenue Fund, other government organizations or suppliers with which the Agency has ongoing contractual relations. The credit risk for the Agency's investments and related accrued interest receivable is minimal because investments consist of corporate bonds and provincial government bonds and debentures.

d) Fair Value of Financial Instruments

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 1, determined using quoted market prices.

12. Budget

Schedule 5 compares actual results to the 2011-12 budget plan approved by the Agency's Board of Directors on June 22, 2011.

13. Future Accounting Changes

The Canadian Institute of Chartered Accountants (CICA) approved an amendment to require Government Not-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. The Agency is currently evaluating the new accounting standards and the impact on its financial statements cannot be determined at this time.

14. Pay for Performance

Effective April 1, 2011, a pay for performance compensation plan was introduced. As a result, senior employees were paid 90% of base salary for the fiscal year ended March 31, 2012. Senior employees are eligible to earn up to 110% of their base salary. The amounts over 90% of base salary are considered 'lump sum performance adjustments'. Lump sum performance adjustments have not been determined for the year ended March 31, 2012 because complete information required to assess senior managements' performance is not yet available. An estimate of the pay for performance amounts has been accrued at March 31, 2012 and is included in the 2011-12 salary expense. The performance adjustments for the 2011-12 fiscal year will be finalized and paid out in the 2012-13 fiscal year.

15. Transfer of Trust Account Balance

During the year, the University of Saskatchewan, with the approval of the contributor, took over administration of the Chandra Dattani trust account. The Agency transferred the unspent balance of $67,469 from the trust account to the University of Saskatchewan on October 27, 2011.

16. Comparative Information

Certain 2010-11 balances have been reclassified to conform to current year's presentation.

Schedule 1

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INVESTMENTS
As at March 31, 2012

	Fair Value	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 5,850,762	---	1.00%	---
Long-term investments:				
Province of Saskatchewan Savings Bond	522,051	12/03/12	5.21%	5.25%
Province of New Brunswick Bond	207,725	02/25/13	4.89%	5.50%
Bank of Nova Scotia GIC	253,485	10/23/14	3.20%	3.20%
Manulife GIC	253,539	10/23/14	3.25%	3.25%
Province of Manitoba Bond	1,006,855	12/03/14	3.19%	4.80%
Province of Manitoba Bond	502,220	12/03/14	3.19%	4.80%
Province of Ontario Bond	547,741	03/08/16	3.78%	4.40%
	3,293,616			
Total restricted investments	$ 9,144,378			
Unrestricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 7,019,157	---	1.00%	---
Long-term investments:				
GE Capital Canada Fund Strip Bond	497,070	07/24/12	5.00%	5.00%
Royal Bank of Canada Bond	526,600	06/05/14	4.59%	4.97%
Royal Bank of Canada Bond	504,535	06/05/14	3.08%	4.97%
Province of Ontario Bond	541,416	03/08/15	3.55%	4.50%
Province of New Brunswick Bond	1,099,231	12/03/15	4.42%	4.30%
Province of Saskatchewan Savings Bond	1,672,513	08/23/16	4.42%	4.50%
	4,841,365			
Total unrestricted investments	$ 11,860,522			
Restricted & Unrestricted Totals				
Total cash and short-term investments	$ 12,869,919			
Total long-term investments	8,134,981			
Total Investments	$ 21,004,900			

Schedule 2

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2012

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers	Balance End of Year
Capital Fund	$ 7,698,479	$ 4,120,387	$ (5,448,060)	$ —	$ 6,370,806
Research Fund	216,524	2,445	(426,361)	351,486	144,094
Trust Fund	3,624,239	1,522,891	(479,999)	(529,610)	4,137,521
Total	$ 11,539,242	$ 5,645,723	$ (6,354,420)	$ (178,124)	$ 10,652,421

Schedule 3

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2012

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers	Balance End of Year
Contingency Reserve[1]	$ 2,405,990	$ —	$ —	$ 904,774	$ 3,310,764
CMS Reserve [2]	402,474	—	(73,069)	—	329,405
Capital Fund	310,064	—	(52,645)	4,500,000	4,757,419
Trust Fund	845,828	545,543	(290,541)	(147,302)	953,528
Total	$ 3,964,356	$ 545,543	$ (416,255)	$ 5,257,472	$ 9,351,116

[1] The operating fund balance is considered part of the contingency reserve as it supports the working capital position of the Agency.

[2] The Agency is implementing a multi-million dollar Clinical Management System (CMS) and established the CMS Reserve in 2003-04 to help fund this initiative.

Schedule 4

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31, 2012

	2012	2011
Role of Ankyrin3 in Receptor Mediated Endocytosis, Saskatoon	$ 99,538	$ 99,282
HDAC Inhibitor Mediated Repression of SRC in Breast Cancer Cells	78,560	70,486
Role of Nodal Ratio in Breast Cancer Management, Regina	20,575	14,358
Monte Carlo Detector Modelling for Small Field Radiation Therapy Dosimetry	3,855	14,345
IGF-1 Signaling Effects on the Pro-Survival Activities of Leukemia Stem Cells in Genetically Defined Murine Models of Chronic Myeloid Leukemia (CML), Saskatoon	92,850	-
Role of CREB3L1 in Breast Cancer Metastasis, Saskatoon	89,395	-
Treatment of Human Glioblastoma Multiforme (GBM) Xenografts with Direct Intra-Tumor Delivery of Targeted Anti-YB-1 Therapy using Cell Permeable Peptide (CPP) versus Liposomal Doxorubicin, alone or in combination with Collimated Microbeam Radiation, Saskatoon	74,827	-
Collimated Radiation Therapy with Radiopotentation and 3-Dimension Mapping of Human Glioblastoma Multiforme Brain Tumor Xenografts, Saskatoon	-	98,377
Alterations in Receptor Tyrosine Kinase Trafficking to Promote Receptor Degradation and Reduce Cancer Cell Division, Saskatoon	-	33,331
Total Grants	$ 459,600	$ 330,179
Breakdown		
Operating expense	$ 426,361	$ 330,179
Capital expenditures	33,239	-
	$ 459,600	$ 330,179

Schedule 5

SASKATCHEWAN CANCER AGENCY
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2012

	Operating Fund		Restricted Funds					
			Capital Fund		Research Fund		Trust Fund	
	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES								
Ministry of Health - General Revenue Fund	$ 126,760,679	$ 125,560,971	$ 3,800,000	$ ---	$ ---	$ ---	$ ---	$ ---
Grants	597,033	570,000	---	---	---	---	1,981,019	1,744,400
Investment income	260,911	291,000	119,058	60,000	2,445	2,500	87,415	79,500
Unrealized gain (loss) - financial instruments	124,357	---	---	---	---	---	---	---
Other revenues	1,848,437	1,525,162	---	200,000	---	---	---	---
	129,591,417	127,947,133	3,919,058	260,000	2,445	2,500	2,068,434	1,823,900
EXPENSES								
Salaries and employee benefits	64,583,063	62,978,695	---	---	---	---	136,943	218,250
Drugs and medical supplies	46,572,892	53,004,268	---	---	---	---	633,597	529,193
Purchased services	2,118,776	2,366,456	---	---	426,361	546,387	---	---
Other expenses	10,911,912	9,597,714	4,496,792	4,500,000	---	---	---	---
	124,186,643	127,947,133	(82,378)	---	---	---	---	---
			4,414,414	4,500,000	426,361	546,387	770,540	747,443
Excess of revenues over expenses	5,404,774	---	(495,356)	(4,240,000)	(423,916)	(543,887)	1,297,894	1,076,457
Interfund transfers (Note 8)	(4,500,000)	---	4,757,957	681,701	351,486	384,725	(609,443)	(1,041,426)
Transfer fund balance (Note 16)	---	---	---	---	---	---	(67,469)	---
Net increase in fund balance	$ 904,774	$ ---	$ 4,262,601	$ (3,558,299)	$ (72,430)	$ (159,162)	$ 620,982	$ 35,031

Schedule 6

SASKATCHEWAN CANCER AGENCY
CONSOLIDATED SCHEDULES OF

BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2012

	2012						2011
Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	Total [1]	Total
Board Chair:							
McMillan, Dr. Stewart	$ 25,020	$ 20,787	$ 63	$ 4,338	$ -	$ 50,208	$ 43,882
Board Members:							
Finnie, Doug	-	2,708	575	1,487	-	4,770	7,609
Joyce, Gordon [2]	-	400	200	576	-	1,176	3,253
Kennedy, Laura	-	1,638	175	477	-	2,290	1,920
Solomon-Schofield, Vaughn [3]	-	1,000	363	2,483	-	3,846	1,630
Streelasky, Dr. Walter	-	1,388	963	2,543	-	4,894	8,394
Waschuk, Ronald	-	4,475	3,500	8,962	-	16,937	16,158
Total	$ 25,020	$ 32,396	$ 5,839	$ 20,866	$ -	$ 84,121	$ 82,846

(1) Board Member remuneration will fluctuate from member to member based on the number of meetings and conferences that they attend. The level of remuneration per member will also be affected by the location of these events, as members are resident in various areas throughout the province.

(2) Board Member retired effective September 1, 2011

(3) Board Member resigned effective March 15, 2012

SENIOR MANAGEMENT REMUNERATION, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2012

	2012					2011		
Senior Employees	Salaries [1]	Benefits and Allowances [2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances [1][2]	Severance	Total
Scott Livingstone, Chief Executive Officer [3]	$ 234,991	$ 4,870	$ 239,861	$ -	$ 239,861	$ 247,972	$ -	$ 247,972
Dora Nicinski, Interim Chief Executive Officer [4]	-	-	-	-	-	10,425	-	10,425
Dr. David Popkin, Vice-President, Clinical Services [5]	-	-	-	-	-	165,233	-	165,233
Dr. Colum Smith, Vice-President, Clinical Services [6]	488,527	-	488,527	-	488,527	303,056	-	303,056
Dr. Svein Carlsen, Vice-President, Research	182,679	-	182,679	-	182,679	170,955	-	170,955
Ivan Olfert, Vice-President, Care Services [7]	-	-	-	-	-	109,186	114,061	223,247
Kevin Lacey, Vice-President, Quality & Information Management	153,859	-	153,859	-	153,859	168,212	-	168,212
Dr. Jon Tonita, Vice-President, Population Health	153,859	-	153,859	-	153,859	168,101	-	168,101
James Haney, Provincial Leader, Quality, Safety & Risk [8]	-	-	-	-	-	106,686	-	106,686
Gladys Wasylenchuk, Provincial Leader, Public Affairs	127,043	-	127,043	-	127,043	110,554	-	110,554
Michele Arscott, Chief Financial Officer [8]	125,785	755	126,540	-	126,540	-	-	-
Reg Padbury, Provincial Leader, Human Resources [8]	125,883	-	125,883	-	125,883	-	-	-
Total	$ 1,592,626	$ 5,625	$ 1,598,251	$ -	$ 1,598,251	$ 1,560,380	$ 114,061	$ 1,674,441

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lumpsum payments, and any other direct cash remuneration. Designated senior employees were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2012 and will be paid out in the 2012-13 fiscal year. Refer to Note 14 for further details.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell phone, computer, etc., as well as any other taxable benefits.

(3) Scott Livingstone hired as Chief Executive Officer on April 26, 2010

(4) Dora Nicinski left the Agency April 16, 2010

(5) Dr. David Popkin retired June 30, 2010

(6) Dr. Colum Smith hired as Vice-President, Clinical Services on July 5, 2010

(7) Ivan Olfert left the Agency November 9, 2010

(8) Comparative salaries have been disclosed reflecting actual reporting relationship to the CEO for the appropriate fiscal year.

Payee Disclosure List

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2012

Personal Services

Listed are individuals who received payments for salaries,wages, honorariums, etc., which total $50,000 or more.

Abbas, Tahir	$	280,575	Brecht, Ron		90,794
Abbs, Jenelle		78,940	Briggs, Sheri		76,352
Afzal, Samina		458,720	Brockman, Rhonda		69,862
Ahmad, Nazir		235,961	Broley, Chandra		50,833
Ahmed, Shahid		458,588	Brose, Kelsey		403,801
Akomolafe, Benjamin		53,025	Brown, Shardelle		76,341
Ali, S Kaiser		538,781	Brunet, Bryan		354,468
Allen, Joanne		77,070	Bruse, Lydia		70,219
Alvi, Riaz		100,034	Budz, Denise		126,638
Amjad, Asim		448,213	Bulych, Deborah		111,828
Anderson, Deborah		135,924	Bunko, Ada		67,514
Andreas, J Joe		80,460	Burlock, Clint		98,950
Arnold, Florence		456,092	Cadman, Patrick		163,908
Arscott, Michele		126,540	Cafferata, Theresa		56,215
Ash, Sheila		56,215	Campbell, Lorna		76,089
Aspen, Rebecca		89,301	Carlsen, Svein		182,679
Baisley, Julie-Ann		67,642	Carmichael, Karen		53,700
Baker, Tracy		54,101	Carmichael, Linda		83,810
Barnardo, Christopher		81,134	Carriere, Jocelyne		69,449
Barss, Richard		92,212	Cattet, Heather		55,055
Basler, Courtney		72,255	Caza, Alison		50,438
Bauml-Thomas, Susan		79,362	Chabot, Kali		67,089
Bazylewski, Susan		96,677	Chalchal, Haji		456,867
Beckett, Craig		177,655	Cherwaty, Gail		51,270
Behl, Monica		483,723	Choquette, Heather		76,765
Belitski, Renee		111,828	Chow, Leissa		76,129
Belous, Janice		74,261	Christenson, Kendra		63,953
Bernauer, Sandra		56,382	Cole, Scott		57,583
Berzolla, Wayne		55,962	Colleaux, Dena		78,325
Bian, Na		61,247	Conklin, Sheldon		65,030
Bichon, Carol		76,458	Cook, Kristan		70,800
Bjorndahl, Sterling		126,638	Cook, Darcy		77,924
Blachford, Patti		71,195	Corbin, Denise		64,314
Black, Megan		78,064	Cosgrove, Eileen		65,482
Blackwell, Maitland		76,492	Coulter, Sheila		97,056
Blake, Wanda		86,909	Cranmer-Sargison, Gavin		127,665
Boehm, Lisa		62,836	Cross, Deborah		50,133
Boehm, Darryl		108,878	Crump, Jolene		87,835
Bonham, Keith		125,088	Dacey Dudey, Christine		51,985
Bonnell, Gabriel		58,371	Dagnone, Mary		76,526
Boyd, F Mark		50,133	Dahl, Melvin		73,221
Bradel, Theresa		239,865	Danyluk, Patricia		96,937
Braun, Brenda		73,600	Davis, Karen		87,023

Payee Disclosure List

Derdall, Carson	76,371
Derrick, Peter	80,460
Deschamps, Michelle	90,637
Deters, Tim	87,029
Dewald, Carmen	76,628
Dockray, Leanne	63,851
Doell, Heather	104,931
Dolata, Wojciech	449,652
Dosenberger, Tania	61,215
Dubey, Arbind	434,558
Duchscher, Dana	81,730
Dukart, Jessica	53,714
Dumais, Karla	72,616
Dwernychuk, Lynn	105,526
Dyczkowski, Theresa	77,936
Edmunds, Laurie	70,169
Edwards, Trent	86,363
Ekberg, Roberta	72,762
Elemary, Mohamed	426,709
El-Gayed, Ali	452,097
El-Sayed, Assem	323,108
English, Azure	91,912
Englot, Tekla	69,473
Exner, Joann	78,330
Fay, April	82,007
Ferozdin, Sajjad	83,386
Fiddler, Kerri	75,523
Field, Susan	80,448
Fiessel, Wanda	60,688
Fisher, Michelle	106,226
Florizone, Jackie	74,311
Foord, Christel	52,871
Foote, Bertha	82,260
Forbes, Frances	76,994
Forreiter, Dorothy	73,268
Fox, Pauline	76,129
Fox-Smith, Sarah	57,481
Galal, Ahmed	187,961
Galloway, Laurie	90,299
Gantefoer, Allison	71,947
Gardiner, Donald	459,436
Garratt, Kevin	94,212
Gartner, Helen	71,743
Gawley, Barbara	89,638
Gerber, Laurie	70,684
Gerein, Brenda	56,878
Gesy, Kathy	125,883
Gjevre, Karen	62,202
Glasman, Wilhelmenia	59,252
Glenister, Shannon	55,239
Glover, Frances	63,805
Good, Carlene	79,053
Goodman Chartier, Sandra	70,415
Goubran-Messiha, Hadi	427,102
Gramlich, Lynn	51,263
Gray-Lozinski, Denise	61,494
Greuel, Morna	55,837
Grindheim, Amber	57,086
Grubor, Sasa	77,077
Guedo, Ken	54,906
Gulka, Sandy	70,543
Gupta, Sangeeta	104,444
Haider, Kamal-Udd	456,324
Hala, Karen	63,536
Hancock, Jennifer	76,564
Hancock, Jason	119,578
Haney, James	111,828
Hanlon, Lana	66,987
Haq, M Mansoor	504,145
Hartz, Gayle	62,772
Hastings, James	70,094
Haugen, Rikki	50,295
Hautz, Jo-Anne	81,359
Hegyi, Brandi	54,108
Heinrich, Arlene	77,295
Helfrick, Heather	77,087
Hnenny, Vera	92,626
Ho, Jenny	50,178
Hodgins, Debra	92,321
Ippolito, Natasha	84,985
Iqbal, Nayyer	282,332
Jackson, Rose	56,558
Jacques, Sarah	71,601
Jan, Shalene	62,277
Jancewicz, Miroslav	454,677
Johnson, Norine	64,241
Johnson, Mary	88,314
Jones, Michael	59,691
Jones, Shannon	64,790
Joron, Susie	54,904
Judd, Alison	67,443
Kaban, Susan	57,979
Kaiser, Philip	73,196
Kakumanu, Ankineedu	426,200
Kaminski, Doug	69,665
Kasper, Amanda	71,715
Kaur-Singh, Harminder	65,576
Kennedy, Donna	75,807
Keuler, Lisa	72,355
Khan, Mohammad	427,915
Kindrachuk, Marg	50,339
Kish, Donna	77,918

Payee Disclosure List

Kolbinson, Janice	95,421
Kondra, Erica	69,678
Koul, Rashmi	435,939
Kovacs, Cindy	55,505
Kowbel, Beverly	105,524
Kozie, Serena	64,542
Krakalovich, Helena	71,057
Kroeker, Dana	63,636
Kruger, Lana	83,768
Kulrich, Celia	78,987
Kundapur, Vijayananda	494,920
Kuyek, Sherry	75,977
Lacey, Kevin	153,859
Ladyka, Colin	76,189
Langston, Danielle	64,507
Lapointe, JR Claude	165,184
Lauridsen, Debbie	56,047
Lawrence, Denae	58,512
Le, Jane	76,492
Le, Duc	196,160
Leik, Sheritee	98,518
Lewis, Margaret	100,485
Livingstone, Scott	239,861
Lobzun, Kevin	80,675
Lochbaum, Roberta	86,234
Lockwood, Cara	54,450
Lowe, Fern	55,985
Lulik, Deborah	52,020
Luterbach, Sharon	64,942
Ly, Ketsia	63,483
Macdonald, Wanda	56,215
Macdonald, Colin	71,099
Macedward, Kathy	86,406
Magosse, Matt	79,648
Mahmood, Shazia	449,704
Marchant, Kristin	125,064
Marshall, Genny	52,621
Martin, Stacy	57,111
Martinson, Alexandra	90,654
Mcallister, Rae	260,029
Mcdougall, Cheryl	57,206
Mcgonigal, Raelene	63,600
Mckay, Courtney	69,952
Mckenzie, Jennifer	86,706
Mclean, Jessica	56,802
Mcleod, Joanne	242,128
Mcvicar, Laurie	74,737
Meeres, Sandra	85,733
Mensch, Jackie	88,068
Miller, Jenny	60,478
Milligan, Laurey	69,970
Mitchell, Janet	65,913
Mohamed, Mohamed	467,138
Morris, Joan	86,984
Moss, Andre	70,215
Mpofu, Christopher	230,264
Muz, Lori	70,878
Narasimhan, Gopinath	68,966
Neubauer, Shannan	84,722
Newcomb, Chris	138,415
Nickel, Sharon	52,231
Nilson, Linda	190,051
Nistor, Gail	56,156
Noble, Randy	72,662
Olesen, Natasha	66,637
Olson, Colleen	95,628
Onasanya, Adeniyi	78,284
Oneill, Darcie	76,282
Padbury, Reg	125,883
Padia, Jignesh	82,382
Park-Somers, Eileen	71,878
Patel, Nilesh	78,551
Pearce, Laurie	55,829
Penley, Robert	88,506
Phillips, Leah	90,352
Piercy, Bonnie	57,087
Pierlot, Joan	82,389
Piper, Jaimie	75,554
Pirlot, Amanda	71,042
Pituley, Harriette	96,007
Pollock, Lenore	76,831
Procyk, Bernadette	52,468
Prodaehl, Coralee	51,501
Pryor, Rick	70,548
Rayson, Sandra	216,232
Reichert, Brian	91,567
Reid, Amanda	76,254
Ripplinger, Yvonne	53,541
Robb, Karen	66,065
Robertson, Kathy	62,610
Robson, Laura	50,651
Rosenkranz, Kelsey	53,120
Roth, Vanessa	57,619
Russell, Elaine	76,129
Sabry, Waleed	432,241
Sadikov, Evgeny	450,324
Salah Ahmed, Osama	71,686
Salim, Muhammad	498,149
Sami, Amer	454,681
Sapieha, Shannon	63,914
Sarker, Sabuj	66,345
Schaan, Marlene	50,340

Payee Disclosure List

Schiltz, Colette	81,183
Schmidt, L Marlene	68,609
Schmidt, Bruce	70,187
Schulz, Marcia	50,198
Schumann, Andrea	80,139
Schwartz, Lyndon	63,496
Schwarz, Christopher	100,009
Sebastian, Kimberly	54,550
Segal, Lliana	79,960
Senft, Beverley	77,483
Shaw, Judy	73,893
Shinkewski, Patty	60,626
Sidhu, Narinder	134,950
Sigurdson, Joanne	56,991
Sirdar, John	78,838
Smith, Colum	488,527
Sollid, David	90,292
Sorsdahl, Lisa	69,037
Spitzig, Lynne	54,896
Steinson, Sharon	65,160
Strautman, Cheryl	74,411
Stroshein, Irene	51,975
Strugari, Brittany	64,052
Stuart-Panko, Heather	99,228
Stuckel, Renee	70,743
Svensrud, Leona	67,203
Sweet, Rhonda	54,561
Switzer, Landon	61,980
Tai, Patricia	450,839
Taylor, Yvonne	111,474
Templeton, Wendie	63,745
Ternes, Shyanne	77,150
Tetler, Miriam	73,221
Thain, Caroll	104,671
Thiesson, C Scot	87,474
Thompson, Cheryle	86,234
Thurber, Colleen	59,149
Tinline, Paula	74,948
Tompkins, Sandra	56,876
Tonita, Jon	153,859
Toon, Brenda	74,606
Torri, Vamsee	380,330
Tralnberg, Sandra	76,811
Treppel, Diane	78,452
Tu, Deluan	56,745
Turley, Dominic	86,234
Tyndall, Joanne	82,367
Usher, Barbara	69,890
Vachhrajani, Haresh	466,770
Vandenameele, Angela	56,693
Van-Gemeren, Jacqueline	83,690
Venekamp, Jason	66,653
Villeneuve, Carissa	80,068
Virgin, Stacey	75,193
Wacker, Steven	112,656
Waldbauer, Alison	76,407
Wall, Alana	54,599
Ward, Kathy	51,087
Warren, Joyce	88,064
Wasylenchuk, Gladys	127,043
Watson, Pauline	56,849
Weigel, Tamara	81,424
Weinrich, Ian	57,888
Weir, Linda	105,525
Wenaus, Cori	74,442
Wendel, Jeana	106,294
Westad, Anne	76,522
Whiting, Cheryl	99,279
Whittle, Alison	81,306
Wilde, Brenda	91,073
Woitas, Carla	50,133
Wood, Valerie	78,166
Woodward, Joanne	71,843
Wright, Philip	401,307
Xiang, Jim	143,920
Yadav, Sunil	453,085
Young, Jana	83,286
Zaba, Donna	72,890
Zahayko, Michelle	57,087
Zarkovic, Mirjana	457,773
Zatylny, Paula	56,231
Zhu, Tong	75,700
Ziegler, William	163,216

Payee Disclosure List

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2012

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts, and equipment.

Abbott Laboratories Limited	$ 2,262,245
Allied Printers & Promotions	53,909
Associated Radiologists - Saskatoon	220,852
Baxter Corporation	496,544
Bayer Incorporated	74,624
Bighorn Construction 2005 Limited	213,840
Biomed Recovery & Disposal	62,899
Bristol-Myers Squibb Canada	548,064
BTS Group Incorporated	75,966
CalTec Flooring Limited	52,062
Canadian Blood Services	152,340
Canadian Medical Protective Association	78,808
Canadian Pharmaceutical Distribution Network	24,296,471
Cancercare Manitoba	225,110
CAN-Med Healthcare	83,349
Card, Dr. Robert T.	109,478
Carmel Pharma	529,921
CCD Systems	84,080
Celgene	2,620,173
Celgene Corporation	194,404
College of Physicians & Surgeons of Saskatchewan	69,910
Deloitte & Touche LLP	96,781
Derby Holdings Limited	103,181
Diners Club	165,419
Donaldson Marphil Medical Incorporated	89,828
Dr. A. Paul Masiowski Medical Professional Corporation	96,750
Dr. Christopher Mpofu Professional Corporation	298,406
Dr. David Sheridan, Medical Services Professional Corporation	268,541
Dr. Julie Stakiw Medical Professional Corporation	418,954
Dr. Otto Moodley Professional Corporation	315,957
Dr. Nayyer Iqbal Medical Professional Corporation	173,573
Dr.Tahir Abbas Medical Professional Corporation	168,321
Ebsco Canada Limited	58,536
eHealth Saskatchewan	85,821
ESBE Scientific	54,072
Ferring Incorporated	51,165
Five Hills Health Region	65,172
Genzyme Canada Incorporated	424,596
Grand & Toy Office Products	173,121
Hall Consulting Services	93,351
Harpell Associates Incorporated	61,642
HBI Office Plus Incorporated	257,997
HDH Architects	181,201
Hospira Healthcare Corporation	279,594
Hunter, Gary	62,250
Innovation Place	278,545
Jubilant Draximage Incorporated	72,194
Karl Storz Endoscopy Canada Limited	63,269
Lawlor, Dr. B.	80,080
Ledcor Construction Limited	278,513
Ledding, Kevin	135,500
Lees, Mark	50,075
Marsh Canada Limited	159,705
Mayo Clinic Rochester	90,596
McKesson Canada	6,383,300
McKesson Distribution Partners	3,890,612
Merck Canada Incorporated	64,655
Minister of Finance - Ministry of Government Services	517,032
NewWest Enterprise Property Group (Sask) Incorporated	109,612
NexJ Systems	79,656
Niesner Properties Incorporated	118,873
North Pasqua Developers	91,482
Novartis Pharmaceuticals Canada	5,401,749
Nucletron Corporation	389,547
Otsuka America Pharmaceutical Incorporated	104,503
Phenomenome Discoveries Incorporated	120,000
Philips Medical Systems Canada	73,936
Prairie Advertising Direct Mail Specialists	283,561
Prairie North Regional Health Authority	50,199
Prince Albert Parkland Regional Health Authority	71,818
Print-It Centres	142,484
Provincial Health Services Authority	119,690
PTW - New York Corporation	219,557
Radiology Associates of Regina	463,420
Regina Qu'Appelle Health Region	2,827,952
Royal Bank Visa - Payment Centre	189,384
Saskatchewan Association of Health Organizations	198,364
Saskatchewan Power	56,821
Saskatchewan Telecommunications	162,177
Saskatoon Health Region	3,547,699
Schaan Healthcare Products Incorporated	127,147
SDM Specialty Health Network Incorporated	324,622
Siemens Canada Limited	769,213
Sigma-Tau Pharmaceuticals Incorporated	206,777
Smiths Medical Canada Limited	60,138
Somagen Diagnostics Incorporated	267,229
South Pasqua Development	191,528
Sperling, Brad	89,450
Sunlight Painting and Decorating	91,413
Sunrise Regional Health Authority	104,132
University of Saskatchewan	114,646
Varian Medical Systems	2,943,949
Varty Floors	119,524
VCM Construction Limited	717,708
VWR International Limited	68,059
Walter's Industrial Mechanical Limited	56,886
West Wind Aviation Limited Partnership	125,968
Xerox Canada Limited	121,026

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Public Employees Disability Income Fund - employer's share	$ 136,306
Public Employees Pension Plan - employer's share	2,650,201
Receiver General for Canada :	
- Canada Pension Plan - employer's share	1,210,450
- Employment Insurance - employer's share	567,590
SAHO - Core Dental Plan	369,395
SAHO - Extended Health Care Plans	295,701
SAHO - In-Scope Health & Dental	815,208
Saskatchewan Healthcare Employee's Pension Plan - employer's share	248,254
Workers' Compensation Board	492,465

Contact Information

Allan Blair Cancer Centre (Regina): 306-766-2213

Regina Cancer Patient Lodge: 306-359-3166

Saskatoon Cancer Centre: 306-655-2662

Saskatoon Cancer Patient Lodge: 306-242-4852

Early Detection: toll-free in Saskatchewan 1-800-667-0017

Quality of Care Coordinator (client representative): toll-free in Canada 1-866-577-6489

Visit our website: www.saskcancer.ca

Saskatchewan Cancer Agency
#204-3775 Pasqua Street
Regina, Saskatchewan S4S 6W8
306-585-1831
www.saskcancer.ca